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CONFERENCE ON PEDIATRIC
POVERTY AND HEALTH:
INTRODUCTORY REMARKS*

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IT IS A GREAT PLEASURE to welcome you all to this Annual Health Conference on behalf of the Committee on Medicine and Society and the entire Academy structure. We are operating from the premise that the issues we are to address in the next day and a half transcend disciplinary boundaries, not only in medicine, but in social health and in fact in the political health and will of our city, state, and country. The extraordinarily distinguished group of speakers from whom we will be hearing will certainly provide a panoramic view which will be both sophisticated and timely. What the Academy is hoping to derive from this conference is an array of programs in the general area of pediatric poverty and health, and it is our intention to carry these programs forward over a substantial period of time.

The Academy is impelled to move again in this important area, having previously considered issues in child health at the Annual Health Conference

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in 1988, because of the continuing pressure generated by the gross numbers of children living in poverty—20% in the United States and unbelievably, 40% in this city, and also by more specific issues in child health, including the appalling infant mortality rates among the urban poor, the dreadful correlations of such mortality rates with race, the estimated development among some 400,000 babies a year of chronic or disabling conditions, and the slowing in the rate of decline in infant mortality in recent years. We are motivated further by the complexity of the interface between women's issues and problems in the health of infants and children, and by the obvious importance of the interlacing of these issues in pediatric health with a pressing, inadequately addressed, and unresolved social agenda. In addition to these factors, special groups continue to emerge and to demand our attention. Among the most tragic is the gradually increasing population of AIDS orphans and AIDS-stricken infants. This subpopulation exemplifies the network effects I have already referred to, which operate also in relation to all the other health issues which surface in particular with relation to infants and children, including physical and sexual abuse, drug, alcohol, and other substance abuse, teen-age pregnancy, homelessness, enforced prostitution, and so on and so on—a seemingly intractable litany of social and medical tragedies.

We at The New York Academy of Medicine are anxious to help to clarify the policy options in relation to pediatric poverty and health. The efforts made to this point seem rather unconnected from each other and some, for example the Oregon approach, appear to be particularly misdirected.

The approaches needed include comprehensiveness, both in terms of care and of prevention activities designed into the system and the insurance coverage; coordination, especially among government agencies and as between the public and private sectors; and a focus on long-term issues, not alone long-term care but long-term approaches to the problems.

The importance of policy options focused on the urban setting and the importance of arranging policy development around these at the state level need especially to be considered.

Other problems about which we are seeking enlightenment include the wisdom of categorical versus broader programs, the problem of identifying and cataloging demonstration projects and bringing them to the level of policy and practice, the identification of potential links between social services and health services, and the identification of gaps in the data. The collection of extant unused data is also high on our agenda. Advocacy seems to be an important element for future activities in this arena, and we would

very much like to know how, in the opinion of those meeting here in the next day and a half, we can most effectively arrange our advocacy efforts.

Again, my thanks to all of you for being here, and particularly to those who will be part of the program. All of us are assembled around an urgent desire to do good and to do it well for the benefit of this particularly vulnerable and precious segment of our society.